



**UC Berkeley - UCSF Graduate Program in Bioengineering
Research Rotation Authorization 2019-2020**

Student Name: _____

Rotation Mentor: _____

Please submit to your home campus administrator BEFORE the rotation begins:
(check one)

_____ 1st rotation
(9/23-11/15)

_____ 2nd rotation
(1/6-2/28)

_____ 3rd rotation
(3/2-4/24)

Research Project Title:

Describe the research topic and overall objective. Be as specific as possible.

Approval Signatures:

Rotation Mentor _____ Date: _____

Student _____ Date: _____

Graduate Advisor _____ Date: _____
(required for exceptional authorizations only)

Return to Bioengineering Administration UCSF Byers Hall BH 216 or Berkeley 306D Stanley Hall

For Office Use Only:

Head Advisor's initials _____

Date entered in database _____